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0320-0016

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OCT 05 2004

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07/02/2004

COOK, ALEX, MCFARRON, MANZO, CUMMINGS &  
MEHLER LTD  
SUITE 2850  
200 WEST ADAMS STREET  
CHICAGO, IL 60606

RB 459450031 US

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Renee C. Barthel, Reg. 48,356

(Depositor's name)

*Renee C. Barthel*

(Signature)

October 4, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/015,303	12/12/2001	Michael D. Hooven	HOOV 116	9423

TITLE OF INVENTION: TRANSMURAL ABLATION DEVICE WITH THERMOCOUPLE FOR MEASURING TISSUE TEMPERATURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	10/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROLLINS, ROSILAND STACIE	3739	606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Cook, Alex, McFarron  
2. Manzó, Cummings &  
3. Mehler, Ltd.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AtriCure, Inc.

West Chester, OH

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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